1/30/04 ED STATES PATENT AND TRADEMARK OFFICE

PATENT APPLICATIO

In re Application of

Serial no.

Filed For

Docket

Gerhard GUMPOLTSBERGER

10/758,742

January 16, 2004

MULTI-STAGE TRANSMISSION

ZAHFRI P597US

MAIL STOP MISSING PARTS The Commissioner for Patents U.S. Patent & Trademark Office P. O. Box 1450 Alexandria, VA 22313-1450

SUBMISSION OF MISSING PARTS OF APPLICATION

Further to the filing of this application, an English translation and a second Preliminary Amendment are attached to complete this filing. Also attached, please find our firm's check in the amount of \$130, which covers the surcharge on the large entity basis.

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted.

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service, with sufficient postage, as First Class Mail in an envelope addressed to: Director of the United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450.

January 30, 2004.

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Print Name: Michael L Bujold

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Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

_	Effective October 1, 2003								10758742							
CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE		 OR	OTHER THA					
7	OTAL CLAIMS	24	24				RATE	FEE	7	RATE	FEE					
F	OR	NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00					
Ţ	OTAL CHARGE	24m	2 4 minus 20=		* +		X\$ 9=		OR	X\$18=	72.00					
İM	DEPENDENT C	→ minus 3 =		*			X43=		OR	X86=	1000					
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* If the difference in column 1 is less th				ian zero, enter "0" in column 2				TOTAL	:	OR	TOTAL	842=				
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AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
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AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ÜSLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
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لبا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=					
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AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUMB PREVIOI PAID F	ST ER USLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE				
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										Ł	+290= TOTAL					
ال مد. العدد	the "Highest Nun the "Highest Nun	nber Previously Pai nber Previously Pai	d For IN THIS id For IN THIS	S SPACE is I S SPACE is I	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											